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Spring 2003

MONTANA RESPONDS TO STD/HIV

"First AIDS Vaccine in Large Test Found to Be Mostly Ineffective" Washington Post (02.24.03)

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Special points of interest:

- AIDS threatens US security
- Rapid HIV test approved
- Rapid tests counseling found effective
- National media campaign unveiled for HIV prevention
- "Closeted" MSM less likely to know HIV status

California-based VaxGen reported today that its AIDS Vaccine has proven to be largely ineffective. AIDSVAX reduced the rate of infection by 3.8 percent in people who received it compared to a control group that received placebo injections. Vaccines need to be at least 70 percent effective in reducing HIV infection to gain approval for widespread use.

VaxGen officials had said an efficacy of 30 percent might be enough to make the product useful in some populations.

The vaccine appeared to be effective in a subgroup of subjects, notably African Americans. Among them, 2 percent who received the vaccine became HIV-infected, compared to 8.1 percent of the placebo group - a statistically significant difference. When Asians and mixed-race volunteers were added to the group of blacks - a total of about 500 of 5,000 volunteers - the protective effect was nearly as strong.

"It appears that blacks, Asians and the other non-white volunteers were able to induce a higher level of antibody than others. There appears to be a correlation between that and protection," said VaxGen spokesperson James Key.

While more than a dozen vaccines have been tested in small populations, AIDSVAX was the first one tested in a large, diverse population. It was tested in 5,417 volunteers at high risk for HIV in the United States, Canada, Puerto Rico and the Netherlands. VaxGen is testing a similar vaccine in Thailand; results of that study will be known later this year.

In the study whose results were announced today, about twice as many people received the vaccine as received the placebo. Three shots, spaced three months apart, were given initially, followed by booster shots every six months. Results were limited to 5,009 subjects who received at least three shots. Over three years, 5.7 percent of the people who received AIDSVAX became HIV-infected, compared with 5.8 percent of people who received the placebo shots. All volunteers were counseled to practice safer sex and not to count on protection from the vaccine.

HIV Prevention Statewide Planning Group Reorganizes; Changes Name

"...bylaws were adopted; membership criteria, terms, and representation were determined; standing committees were identified; an Interim Membership Committee was established to distribute membership applications and select new members; and, the April meeting dates and location were determined ..."

The HIV Prevention Statewide Planning Group (SPG) recently undertook the daunting task of reorganizing. At a special meeting held in October 2002, members, prevention services providers, community-based organizations, and other interested parties discussed the current SPG structure and its functionality. This was an important step to prepare for changes the Centers for Disease Control and Prevention, our federal funding source, is proposing to its *Guidance on HIV Prevention Communtiy Planning*. Participants engaged in positive interaction and hard work offered many structural options. An SPG Restructure/ Bylaws Workgroup was established to incorporate these options into draft bylaws and other policies and procedures for presentation at the SPG's February 2003 meeting.

At the February meeting, bylaws were adopted; membership criteria, terms, and representation were determined; standing committees were identified: an Interim Membership Workgroup was established to distribute membership applications and select new members; and, the April meeting dates and location were determined . The SPG will be known as the CPG, Community Planning Group. The Restructure/ Bylaws Workgroup will continue to work on a draft Policy and Procedures Manual for presentation at the April meeting. New members will be on board for this meeting. The April CPG meeting will be held at the West Coast Colonial Hotel in Helena, April 11-12. The contact person is Gina Mallett (444-3566).

Montanans Present at HIV Prevention Summit

The HIV Prevention Community Planning Leadership Summit was held in New York City March 12-15, 2003. Three Montana HIV Prevention Contractors presented: David Herrera, FDH & Associates; Laura Dybdal, Ph. D., University of Montana; and Becky Bacon, Northrop Grumman (developer of our HIV SAFE System). David presented as a member of two panels- "Comprehensive Health Interventions for MSM: Challenges for CPGs" and "Emerging Challenges for HIV Prevention." David addressed implementation of effective interventions through the Gay Men's Task Force and key issues and challenges affecting HIV prevention in a rural or frontier setting. Becky Bacon, Laura Dybdal and Amy Kelly (DPHHS Quality Assurance Specialist) presented a workshop giving a two-part perspective on rural or frontier use of the Internet for HIV Prevention. The first part focused on HIV SAFE (Statewide Activities For Evaluation) a web-based reporting system. The second part presented by Laura, focused on Social Marketing Strategies and Motion Design targeting MSM and Native American youth.

It is indeed an honor that our local contractors are being recognized at the national level for innovative and creative HIV Prevention strategies in a low incidence state.

"Prevention Efforts Ignore Late-Night Crowd, Study Finds" Bay Area Reporter, San Francisco (02.06.03)

Prevention messages are failing to reach those men who engage in the late night party and play scene, where an alarming number of gay and bisexual men are using drugs and engaging in unsafe sex, according to a new study by the San Francisco Health Department.

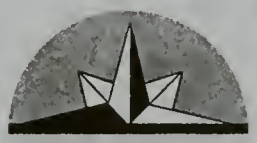
The "Party and Play Study," looked at HIV risk in a late night population in San Francisco. The study examined the sexual behaviors and drug use of 391 individuals: 356 men who have sex with men and 35 male-to-female transgenders. Researchers spent six months interviewing people found between the hours of midnight and 4 a.m. in streets, cruising areas, bars, dance clubs, and public sex environments in San Francisco.

Over a third of the men reported injecting drugs within the past three months; 84 percent said they had used a non-injected drug within the same time period. Of those studied, 69 percent were HIV-negative, 24 percent were known positives and 7 percent tested positive for the first time.

The study also found that out of 192 men who were receptive partners during sex, 67 percent said they did not use condoms. Out of 247 men who were insertive partners, 64 percent said they had not used condoms. A majority of men also said they had unprotected anal sex with a partner of unknown HIV status: 84 out of 138 insertive partnersand 65 out of 107 receptive partners.

While 82 percent of the participants said they had seen condoms when they were at a club or bar, only 56 percent of those men had taken condoms.

"Our data suggests HIV prevention efforts do not appear to be reaching this population, especially first-time positives," said Mike Pendo, an HIV researcher in the Department of Public Health AIDS Office, who helped author the study.



"If we move in a methodical fashion and provide good training, then our rapid testing should be effective."

Montana Prepares for Rapid HIV Test

The Food and Drug Administration has approved a rapid HIV test that delivers results in about 20 minutes. The new test, made by OraSure Technologies Inc. and called OraQuick, has a 99.6 percent accuracy rate and is simple to use, testing a drop of blood drawn from a finger stick.

Montana HIV Prevention Counseling and Testing sites and some outreach workers may be incorporating this new technology as an option for testing into their services within a year. "There are some obstacles to overcome before we offer this option in Montana. We are going to implement this technology after sufficient training has occurred," said Bruce Deitle, STD/HIV Prevention Section Supervisor. "We need to assure that the people performing the tests are following correct procedures, that there are sufficient quality assurance markers in place, and that the testing data is available to the State to send to CDC. We will start with an aggressive training program to reinforce training to assist the individual trainer in giving a positive result when appropriate. The resources need to be in place at each site to assist individuals that may receive a positive result. We have started the process by arranging for six trainers to attend a CDC course that addresses the issues of clients who test positive. They will return and conduct train the trainer workshops in their regional areas. The Public Health Laboratory will be assisting in developing appropriate quality assurance measures. If we move in a methodical fashion and provide good training, then our rapid testing should be effective. "

The STD/HIV Prevention Section will keep everyone apprised of future training opportunities for the rapid test.

Rapid HIV Tests With Post-Test Counseling "More Efficient, Effective" Than Current Counseling Procedures, Researchers Write in Letter to Lancet by Kaiser Daily HIV/AIDS Report

Rapid HIV testing should be offered to "all people," with "selected" post-test counseling, Mary Jane Rotheram-Borus and Mark Etzel of the University of California-Los Angeles Neuropsychiatric Institute write in a letter published in the Feb. 15 issue of the Lancet. That model would be "more efficient and effective" than the typical current model of a 10-minute pre-testing counseling session, they write. The current method "imposes burdens" on developing countries with high HIV prevalence, and it "does not clearly benefit" those who test negative in low-prevalence countries, such as the United States, Rotheram-Borus and Etzel state. The recent FDA approval of a rapid HIV test that will let people know their infection status in one hour could help "eliminate the 700,000 HIV tests for which people never return for their results," according to Rotheram-Borus and Etzel. The authors state that post-test counseling might only be needed for those who test positive or for those who say they engage in high-risk behaviors. They conclude, "Stopping pre-test counseling in the United States ... would allow resources to be reallocated to greatly expand post-test counseling, referral and linkages to care for HIV-positive individuals." (Rotheram-Borus/Etzel, Lancet, 2/15)

Wall Street Journal Examines San Francisco STD Director's Fight For STD Warning, Condom Promotion Labels On Viagra Kaiser Daily HIV/AIDS Report 3/ 7/ 2003

"...acknowledging the risk of disease..." in Viagra users

Dr. Jeffrey Klausner, Director of the San Francisco Department of Public Health's Sexually Transmitted Disease Prevention and Control Program, is fighting an "uphill battle" to change the warning labels on Pfizer's male impotence drug, Viagra, to include a statement "explicitly warning" users about STDs and promoting the use of condoms, the Wall Street Journal reports. After seeing an empty Viagra packet on the floor of a gay sex club during a health inspection, Klausner began to wonder whether the drug was contributing to unsafe sexual behavior and a rise in HIV and other diseases, according to the Journal. He has sent letters to the FDA and Pfizer asking that the drug maker be required to send letters to doctors, pharmacists and consumers "acknowledging the risk of disease" in Viagra users. In addition, Klausner is calling for Pfizer to rework its advertisements for the drug so that they mention STD risks and subsidize an education campaign aimed at gay men, the Journal reports. Both Pfizer and the FDA say that the current Viagra label is sufficent; the label states that the drug does not prevent STDs, but Klausner said, "Neither does a hamburger."

Upcoming Dates to Remember

Statewide Planning Committee (SPC): April 2, Helena. Contact Person: Judy Nielsen.

Consortia Meeting: April 3, Helena. Contact Person: Judy Nielsen.

HIV Contractor's Meeting: April 4, Helena. Contact Person: Gina Mallett.

Community Planning Group (CPG): April 11-12, Helena. Contact Person: Gina Mallett

AIDS Review Panel: April 17, Helena. Contact Person: Margaret Souza.

Rapid Testing Satellite Broadcast: April 24. Contact Person: Margaret Souza.

Governor's AIDS Council: May 2, Helena. Contact Person: Bruce Deitle

"Sharing Our Stories: HIV, STD, Hepatitis Prevention Conference": May 20-21, Helena

Risk of HIV-Positive Patients Developing AIDS or Dying of AIDS-Related Illness Continues To Fall After Seven Years of "Modern" Drug Treatment AP/Houston Chronicle

The risk of developing AIDS or dying from AIDS-related illnesses continues to fall seven years into the "modern era" of antiretroviral treatment, according to "encouraging" data from a European study. Although some patients who take antiretroviral drug combinations develop drug-resistant HIV strains or experience "worrisome" side effects, such as increased cholesterol levels, the data presented at the 10th Conference on Retroviruses and Opportunistic Infections show that the drugs continue to be beneficial. Dr. Amanda Mocroft of the Royal Free and University College Medical School in London and colleagues studied the outcomes of 9,803 people diagnosed with HIV in Europe between 1994 and 2002. Mocroft found that between 1994 and 1998, their risk of developing AIDS or of dying from the disease fell by 80%. In addition, between September 1998 and 2002, the risk of AIDS or death fell 8% each six months. "Even though therapy is not perfect, it's working," Mocroft said, adding, "An awful lot of people expected the curve to bottom out or even rise again, but it's still going down ... which is very encouraging." Dr. Kevin DeCock, head of the CDC's AIDS Program in Kenya, said, "It's quite remarkable. You have to wonder what the end of the story will be." Dr. Scott Holmberg, a senior epidemiologist with the CDC, said that the agency has followed 1,769 people diagnosed with HIV in the United States since 1994 and that their data "corroborates what the Europeans are saying." Another study presented by Dr. Jonathan Sterne of the University of Bristol in England found that how people respond to treatment during the first six months is more important than their initial blood counts and viral levels. (AP/Houston Chronicle, 2/15)

"It's quite remarkable. You have to wonder what the end of the story will be."

"Spread of AIDS Threatens US Security, Tenet Says"

Miami Herald (02.12.03)

Central Intelligence Agency Director George Tenet said Tuesday that the global upheaval caused by the AIDS epidemic could threaten US national security. Speaking to a Senate Intelligence Panel about global security threats, Tenet said a recent intelligence report indicated that the globe might face 100 million HIV-infected people outside of Africa by 2010. Tenet told the Panel that some three million people died of AIDS last year and that more than 40 million are currently HIV-infected. "The national security dimension of the virus is plain," he said. "It can undermine economic growth, exacerbate social tensions, diminish military preparedness, create huge social welfare costs, and weaken already beleaguered states."

"Politicians, Media, Celebrities Raise HIV/AIDS Awareness" AIDS Policy and Law (03.03.03)

Secretary of Health and Human Services Tommy Thompson has joined the list of celebrities, advertisers and media firms informing Americans about the dangers of HIV/AIDS and how to prevent its spread. HIV/AIDS experts say that awareness about the virus has slipped in the past decade. Many Americans mistake antiretrovirals and other drugs that slow the progress of HIV/AIDS as cures. As a result, fewer people are taking the necessary precautions to prevent the disease now than 10 years ago. In a 30-second public service announcement that began running February 1 on radio stations all over the United States, Thompson said that he was proud to bring compassion and hope to the HIV/AIDS fight, reminded people that there is no cure for AIDS, and urged people to "remove the fear, talk about HIV/AIDS, get tested and, if positive, seek treatment."

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"Closeted" Men Who Have Sex With Men Less Likely to Be Aware of HIV, Hepatitis B Status, May Play Key Role in Spread of STDs

Men who have sex with men but who have not disclosed their sexual orientation to others are less likely than men who are "out" to be aware of whether they are HIV-positive or have hepatitis B, according to a CDC study published in the Feb. 7 issue of Morbidity and Mortality Weekly Report, Reuters reports. "Closeted" men, or "nondisclosers," are also more likely to have recently had sex with a woman, prompting the CDC to recommend that efforts to test nondisclosers and their partners should be increased (Reuters, 2/6). The study surveyed 5,589 men between the ages of 15 and 29 who visited MSM-identified venues in six U.S. cities -- Baltimore, Dallas, Los Angeles, Miami, New York and Seattle. Participants were asked about the degree to which they considered themselves to be "out", were tested for HIV and hepatitis B, and were provided with HIV/STD preventative counseling and care referral. While nondisclosers are "thought to be at a particularly high risk for HIV infection because of low self-esteem, depression or lack of peer support and prevention services that are available" to "out" men, the actual risks of HIV and STDs for such groups are "unknown," according to Reuters. The study found that 8% of "closeted" men were HIV-positive, compared to 11% of "out" men. The study also found that young black MSM are more likely than their peers to be "closeted" and that 14% of "closeted" black men were HIV-positive, versus 24% of "out" black MSM. Fourteen percent of black nondisclosers were HIV-positive, compared with 5% of other ethnicities. Also, 98% of nondisclosers were unaware of their HIV status, compared with 75% of men who are open about their sexuality, making nondisclosers more likely to be transmitting infections to both male and female sex partners. The study concludes that "public-awareness and prevention programs should be developed [for nondisclosers] to reduce internalized homophobia and other factors that influence nondisclosure." (Reuters, 2/6)